

PMH19

PHARMACOECONOMIC POSITIONING OF SERTINDOLE AMONG ANTIPSYCHOTICS IN THE MANAGEMENT OF SCHIZOPHRENIA IN NORWAYMæhlum E¹, Hansen K², Sapin C²¹Lundbeck, Lysaker, Norway, ²Lundbeck SAS, Paris, France

OBJECTIVES: Despite progress in the treatment of schizophrenia following the introduction of atypical antipsychotics in the late 1990s, current pharmacological options still carry limitations. Sertindole is an atypical antipsychotic with a good tolerability profile likely to favour long-term adherence, reductions in relapse and re-hospitalisation rates, and improvements in overall functioning. **METHODS:** A Markov model was developed to estimate the cost-effectiveness of sertindole compared with haloperidol, risperidone, olanzapine and aripiprazole in the management of schizophrenia in Norway over a five-year period. Patients entered the model upon experiencing intolerance to their antipsychotic treatment during an episode of acute psychopathology. Confounding factors included drug-induced adverse events (extrapyramidal symptoms, weight gain, sedation, sexual dysfunction, diabetes), compliance, relapse and treatment setting. Effectiveness was defined as the length of time without relapse over the two-year evaluation period, and by Quality Adjusted Life Years (QALYs). Parameter estimates were based upon published literature and clinical trial data. Resource use data were obtained through consultation with a Norwegian psychiatric expert, and costs were evaluated from the Norwegian societal perspective. **RESULTS:** The time without relapse (over five-year) for patients receiving sertindole was superior to those with haloperidol, risperidone, olanzapine and aripiprazole (1.780 versus 1.661, 1.778, 1.773 and 1.770). Per patient costs over 5-year with sertindole was below that of haloperidol and aripiprazole (NOK 1.598k versus 1.688k and 1.604k) but above the costs of risperidone and olanzapine (NOK 1.598 versus 1.571k and 1.573k). Based on the outcome of the model the effectiveness rates for sertindole is equivalent to that of the other atypical antipsychotics. Medical costs (including in- and outpatient care) for sertindole are equivalent to or marginally higher compared to the other atypical antipsychotics. **CONCLUSIONS:** With equivalent clinical benefits, a good tolerability profile and similar costs, sertindole is an additional valuable treatment alternative to other atypical antipsychotics available in Norway.

PMH20

ECONOMIC EVALUATION OF PALIPERIDONE ER FOR THE TREATMENT OF SCHIZOPHRENIA IN THE CONTEXT OF BRAZILIAN PUBLIC HEALTH CARE SYSTEMAraujo D¹, Souza CPR², Passos RBF³, Pereira M⁴¹State University of Rio de Janeiro, Rio de Janeiro, Brazil, ²MedInsight, Rio de Janeiro, Brazil, ³MedInsight, Rio de Janeiro, Brazil, ⁴Janssen Cilag, Sao Paulo, Brazil

OBJECTIVES: To evaluate the impact of including paliperidone ER in the Brazilian Public Health Care System, using a health economic evaluation in comparison to the novel atypical agents that are included in the schizophrenia guidelines (olanzapine, quetiapine, ziprasidone). **METHODS:** A decision tree model was developed describing the clinical evolution of patients with acute exacerbation of schizophrenia during a one year period. Published medical literature, unpublished clinical trial, database information and a clinical expert panel populated the model. All unit costs represent costs for the public HC system (SUS). Outcomes included percentage of patients discontinuing, days without therapy, percentage, number and duration of relapses and direct medical costs. **RESULTS:** Long-term effectiveness

(number of stable days) of paliperidone ER (280) was similar to olanzapine (279) and better than ziprasidone (272) and quetiapine (267). Paliperidone ER was the treatment arm with lower annual costs per patient (US\$2628), followed by ziprasidone (US\$2655), olanzapine (US\$2899) and quetiapine (US\$3253), respectively. Almost half of the treatment cost is due to hospitalization, followed by medication cost, day hospital, mental health clinic, social/group therapy visit, physician visit and emergency room visit. **CONCLUSIONS:** Due to its well-balanced efficacy-safety profile, the long term effectiveness of paliperidone ER matched that of olanzapine and is better than ziprasidone and quetiapine over the one year period. Moreover, paliperidone ER was also the alternative with the lowest treatment and overall costs for the public health system. As such, including paliperidone ER in the Brazilian Public Health System has the potential to further improve outcomes for patients with schizophrenia while reducing public expenditures.

PMH21

COST-EFFECTIVENESS-ANALYSIS OF RISPERIDONE LONG-ACTING INJECTION IN SCHIZOPHRENIA: 12 MONTH DATA FROM CZECH REPUBLICSkoupá J¹, Cerna V¹, Doležal T²¹Pharma Projects, Prague, Czech Republic, ²Charles University, Praha, Czech Republic

OBJECTIVES: To evaluate 12 months cost-effectiveness of risperidone long-acting injection (RLAI) in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) from Czech Republic. **METHODS:** e-STAR is an international long-term, prospective, observational study in patients with schizophrenia who commenced RLAI treatment (based on SmPC indication criteria). Analyzed data covered one year of retrospective (prior to RLAI initiation) and 12 months of prospective observation. A total of 156 patients have completed the 12 months prospective period. Assessed costs were: hospitalisation (duration and frequency), antipsychotic medication and co-medication all from the payer's perspective in 2007 prices. Efficacy parameters included GAF (Global Assessment of Functioning) and CGI-S (Clinical Global Impression-Severity) scores. **RESULTS:** Mean annual costs per patient increased from €2361 in the retrospective period to €4695 during the prospective observation. Mean cost drivers were hospitalisation (60.6 % of total medical retrospective costs) and antipsychotic medication (89.2 % of total medical prospective costs). Costs of RLAI could not be offset by significant reductions in hospitalization (both frequency and duration per event) and co-medication. Improvements in GAF (47.6 vs. 71.1) and CGI (4.78 vs. 3.16) scores resulted in incremental cost-effectiveness ratios of €960 to €1440 per improvement by 1 category of clinical significance (1 point for CGI and 10 points for GAF). **CONCLUSIONS:** Switching to risperidone long-acting injection in patients with treatment failure, non-compliance or intolerance of current antipsychotic medication is cost-effective despite higher costs of antipsychotic medication. The analyses yield incremental cost-effectiveness ratios fall below commonly accepted willingness to pay thresholds.